



**Education Experience**

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Name: \_\_\_\_\_  
                                    First                                    Maiden                                    Last

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_      Year of Graduation: \_\_\_\_\_

Program: Undergraduate\_\_\_ Graduate\_\_\_

**Class Information**

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Course Title: \_\_\_\_\_

Professor: \_\_\_\_\_

Department in which course is offered: \_\_\_\_\_

Semester: Fall\_\_\_ Spring \_\_\_ Summer I \_\_\_ Summer II \_\_\_

**Auditing Procedure:**

- 1. Request the professor’s permission to audit the course via e-mail.
- 2. Complete this form.
- 3. Forward professor’s consent via email to **ugadm@simmons.edu** and return this form to the Office of Undergraduate Admission either in person, by mail, or via e-mail.
- 4. Mail a \$250 check made payable to:

Simmons University  
Office of Undergraduate Admission  
300 The Fenway, Suite W-102  
Boston, MA 02115

**Please note:**

- No record of alumnae/i auditing a course will be kept by the Registrar or the instructor.
- Alumnae/i may not audit courses from another college in The Colleges of the Fenway.
- Alumnae/i may not change from auditing a course to taking a course for credit.
- Audit fees are nonrefundable.

**Signature**

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By signing here, you agree to the price, terms, and conditions of auditing this course as a Simmons Alumnae/i.

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